

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Our Principles PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00603621 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DDC Advocacy			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 01 / 27 / 2016</div> </div>		
Mailing Address 805 15th Street, N.W. Suite 300			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">36048.28</div>		
City Washington	State DC	Zip Code 20005	Transaction ID : SE.4157 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Digital advertising		Category/ Type	<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>		
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">113511.16</div>		
			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee DDC Advocacy			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 01 / 27 / 2016</div> </div>		
Mailing Address 805 15th Street, N.W. Suite 300			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">77462.88</div>		
City Washington	State DC	Zip Code 20005	Transaction ID : SE.4174 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Direct mail services		Category/ Type	<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>		
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">190974.04</div>		
			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">113511.16</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jamie Jodoin
[Electronically Filed]

Date

MM / DD / YYYY
01 / 28 / 2016

Signature

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 PAGE 2 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Our Principles PAC		FEC IDENTIFICATION NUMBER ▼ C C00603621	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DDC Advocacy		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2016	
Mailing Address 805 15th Street, N.W. Suite 300		Amount 18078.99	
City Washington	State DC	Zip Code 20005	Transaction ID : SE.4177
Purpose of Expenditure Direct mail services	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee DDC Advocacy		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2016	
Mailing Address 805 15th Street, N.W. Suite 300		Amount 82306.00	
City Washington	State DC	Zip Code 20005	Transaction ID : SE.4215
Purpose of Expenditure Online advertising	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	100384.99
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Jamie Jodoin
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DDC Advocacy		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2016	
Mailing Address 805 15th Street, N.W. Suite 300		Amount 77462.88	
City Washington	State DC	Zip Code 20005	Transaction ID : SE.4216
Purpose of Expenditure Direct mail services	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee DDC Advocacy		Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2016	
Mailing Address 805 15th Street, N.W. Suite 300		Amount 67141.99	
City Washington	State DC	Zip Code 20005	Transaction ID : SE.4217
Purpose of Expenditure Direct mail services	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Donald J. Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	144604.87
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee DDC Advocacy			Date of Public Distribution/Dissemination MM / DD / YYYY 01 / 27 / 2016		
Mailing Address 805 15th Street, N.W. Suite 300			Amount 11745.86		
City Washington	State DC	Zip Code 20005	Transaction ID : SE.4218		
Purpose of Expenditure Voter contact-telephone calls		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Donald J. Trump		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		1559972.72	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	11745.86
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	370246.88

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